

Letters to the editor

OVERVIEW

Please submit letters for the editor's consideration within 6 weeks of publication of the *Future Hospital Journal*. Letters should ideally be limited to 350 words, and sent by email to FHJ@rcplondon.ac.uk.

Should trainees be the 'eyes and the ears' of both good and bad practice in hospitals?

Editor – It was a pleasure to read the article 'Should trainees be the 'eyes and ears' of both good and bad practice in hospitals?' (*Future Hospital Journal* February 2015 pp 11–2). However, I was very disappointed in the 'Editorial comment' regarding feedback to trainees who have made the effort to report an incident, ie that it was largely unrealistic to feedback to trainees.

My own experience demonstrates that it can be done – and done effectively without a large bureaucracy.

Whenever I submit an incident relating to the (orthopaedic trauma) ward where I work, it is read by the ward manager. Action is taken and I am informed (either verbally or by e-mail) what action has been taken to address the issue. We often discuss the underlying reasons. This is for low-risk/harm

('green' or 'yellow') incidents. More serious ('orange' or 'red') incidents are dealt with at a higher level – and I am encouraged to be involved in the analysis and solutions. It is a pleasure to work in this environment.

Previously I worked on a medical ward. No action was taken if it was considered a low-risk/harm incident. For more serious incidents, action may have been taken, but I was rarely told the outcome. As a consequence, I only reported high-risk/harm incidents. This was very demoralising.

Theoretical background to this issue is provided by Lean Methodology.¹ This works on the basis that it is often the people on the shop floor/at the coalface who know the problems – and frequently know the solutions. ■

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Reference

- 1 Graban M. *Lean Hospitals: Improving Quality, Patient Safety and Employee Engagement*. CRC Press, 2011.

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